



Certificate of Need Program

INFORMATION REQUEST FORM

Name (please type or print)	Title
Organization	Telephone Number
	Fax Number
Address (Street/City/State/Zip Code)	E-mail address

I request the following and agree to pay charges as billed by the Certificate of Need Program:

<u>Check Item Needed</u>	<u>Quantity</u>	<u>Cost/Item</u>	<u>Total</u>
<input type="checkbox"/> Certificate of Need Rulebook	_____	\$10.00	_____
<input type="checkbox"/> Hosp & NH ICF/SNF Occup. and Bed Need Summary by County	_____	\$1.00	_____
<input type="checkbox"/> Six-Qtr Occupancy of Hosp & NH Lic. & Available ICF/SNF Beds	_____	\$4.00	_____
<input type="checkbox"/> Six-Qtr Occupancy of ICF and SNF Licensed Beds	_____	\$4.00	_____
<input type="checkbox"/> RCF Occupancy and Bed Need Summary By County	_____	\$1.00	_____
<input type="checkbox"/> Six-Qtr Occupancy of RCF Licensed and Available Beds	_____	\$4.00	_____
<input type="checkbox"/> Six-Qtr Occupancy of RCF Licensed Beds	_____	\$4.00	_____
<input type="checkbox"/> Inventory of Hospital Beds in Missouri	_____	\$3.00	_____
<input type="checkbox"/> Special Computer and File Searches (1 hour minimum charge)	_____	\$25.00/hour*	_____
<input type="checkbox"/> Certificate of Need educational and performance handouts	_____	(no charge)	_____
<input type="checkbox"/> Copies of Other Materials (Please specify in the blanks below)	_____	10¢ /page	_____

		Subtotal = \$	_____
		Shipping and Handling Fee**	_____

* Charge will be assessed **after** search and added to final bill.

Total due: \$ _____ ***

** If delivered by regular mail (**waived** if items picked up at CONP Office), or billed at actual cost if shipped by courier or other method of delivery.

*** A check made payable to "**Missouri Health Facilities Review Committee**" **must** accompany all out-of-state requests.

Signature (signature is required to process request)	Date
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Mail (with prepayment if required), e-mail or fax request form to:

Certificate of Need Program
915G Leslie Boulevard
Jefferson City, MO 65101

Phone: 573-751-6403 Fax: 573-751-7894 E-mail: mocon@mchsi.com
For electronic versions for some of the above, go to CON web site at: www.dhss.mo.gov/con